

SERFF Tracking Number:	CNNB-125838094	State:	Arkansas
Filing Company:	The Cincinnati Insurance Company	State Tracking Number:	## \$50
Company Tracking Number:	ALL-09-7046-AR		
TOI:	35.0 Interline Filings	Sub-TOI:	35.0001 Personal Interline Filings
Product Name:	ALL Lines Consent to Rate (OTA)		
Project Name/Number:	/		

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: ALL Lines Consent to Rate (OTA) SERFF Tr Num: CNNB-125838094 State: Arkansas

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: ## \$50

Sub-TOI: 35.0001 Personal Interline Filings

Co Tr Num: ALL-09-7046-AR

State Status: Fees verified

Filing Type: Form

Co Status:

Reviewer(s): Becky Harrington,
Betty Montesi

Author: Matt Terrell

Disposition Date: 10/01/2008

Date Submitted: 09/30/2008

Disposition Status: Approved

Effective Date Requested (New): 04/01/2009

Effective Date (New): 04/01/2009

Effective Date Requested (Renewal): 04/01/2009

Effective Date (Renewal):

04/01/2009

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/01/2008

State Status Changed: 10/01/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Consent To Rate (Other Than Auto) is being updated.

Company and Contact

Filing Contact Information

Matt Terrell, Senior Filings Analyst

matt_terrell@cinfin.com

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<i>Filing Company:</i>	<i>The Cincinnati Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>ALL-09-7046-AR</i>		
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<i>Product Name:</i>	<i>ALL Lines Consent to Rate (OTA)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

6200 S. Gilmore Road	(513) 603-5264 [Phone]
Fairfield, OH 45014	(513) 881-8885[FAX]

Filing Company Information

The Cincinnati Insurance Company	CoCode: 10677	State of Domicile: Ohio
6200 S. Gilmore Rd.	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2000 ext. [Phone]	FEIN Number: 31-0542366	

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$0.00	09/30/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	10/01/2008	10/01/2008

<i>SERFF Tracking Number:</i>	<i>CNNB-125838094</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 10/01/2008
Effective Date (New): 04/01/2009
Effective Date (Renewal): 04/01/2009
Status: Approved
Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Form Memorandum	Approved	Yes
Form	CONSENT TO RATE (OTA)	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	CONSENT TO RATE (OTA)	IP417	6/04	Endorsement/Amendment/Conditions Replaced	Replaced Form #: Previous Filing #:		IP417 06-04.pdf

**CONSENT TO RATE FORM
(OTHER THAN AUTOMOBILE)**

Date of Request _____

Company Name _____

Mailing Address _____

NAIC # (If applicable) _____

Contact Name _____ Phone Number _____

Policy Number _____

Line of Business _____

Effective Date of Policy _____

Expiration Date of Policy _____

Effective Date of New Rate _____ To _____

Named Insured(s) _____

Mailing Address _____

Description of Risk _____

Location of Risk _____

Coverage Involved and Code or Classification _____

Specific Reasons for Special Rating

Description of Exposures or Coverage Eliminated (If any) _____

Standard Filed Rates

Proposed New Rates

☐ Higher Rates

I hereby consent to pay higher rates, which I am being charged for this insurance. I understand that any deductible amount stated in my policy will be deducted from each claim I make under the policy issued me.

☐ Lower Rates

I hereby consent to pay lower rates, which I am being charged for this insurance. I understand that any deductible amount stated in my policy will be deducted from each claim I make under the policy issued me.

I hereby certify I understand the rate(s) for the coverage applied are not standard and accept the new rate(s) as shown above.

Insured(s) Signature _____

Date _____

Agency _____

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	10/01/2008
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Comments:

Attachment:

P&CTransmittal.pdf

Satisfied -Name:	Form Memorandum	Review Status:	Approved	10/01/2008
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Comments:

Attachment:

FoMemo.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
The Cincinnati Insurance Companies	10677

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	OH	0244-10677	31-0542366	

5. Company Tracking Number	ALL-09-7046-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Matt Terrell P.O. Box 145496 Cincinnati, OH 45250-5496	Senior Analyst	513.603.5264	513.881-8885	matt_terrell@cinfin.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Matt Terrell

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Personal Lines
10. Sub-Type of Insurance (Sub-TOI)	ALL Personal Lines
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 4/1/09 Renewal: 4/1/09
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	

20. This filing transmittal is part of Company Tracking #	ALL-09-7046-AR
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	
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Updating the Consent To Rate (OTA) form.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]	
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Check #: EFT
Amount: 50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

Effective March 1, 2007

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**THE CINCINNATI INSURANCE COMPANY
ARKANSAS PERSONAL AUTO PROGRAM
ARKANSAS HOMEOWNER PROGRAM
ARKANSAS DWELLING/LIABILITY PROGRAM
ARKANSAS PERSONAL WATERCRAFT PROGRAM
ARKANSAS PERSONAL MARINE PROGRAM
ARKANSAS PERSONAL UMBRELLA PROGRAM
ARKANSAS RENTAL DWELLING PACKAGE PROGRAM
FORM MEMORANDUM
Filing # ALL-09-7046-AR**

New or Revised Form	Replaced Form	Description of Change
IP-417 (6/04)	IP-417 (3/94)	CONSENT TO RATE FORM (OTHER THAN AUTOMOBILE) --language deleted referencing the insured has shopped for other insurance.